

ETHERIDGE (Jas. H.)

MEDICAL GYNECOLOGY.

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THE PRESBYTERIAN HOSPITAL.



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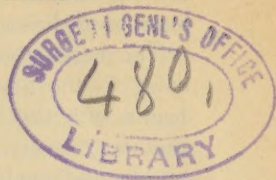
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THE tendency of to-day is toward specialties in medicine. The specialist is too much inclined to become confined to his branch of study and to ignore the human system as a whole, unless he has been well grounded in general practice of several years' duration.

The most successful specialist is he who is a good general practitioner, from whose practice has grown his special work. The best all-around gynecologist is he who has been and is a good general practitioner. It can be safely laid down as a postulate, that the gynecologist who is incapable of weighing in the balance carefully the necessity for increasing or restraining the organic functions of secretion and excretion with their infinite permutations and combinations incident to disorder and health, is one who will do a great many things that ought not to be done, and will leave undone many things which ought to be done, for the best interests of the patient.

The design of this paper is to enumerate some of the things that can at least interest the gynecologist. How well they will be enumerated remains to be seen. The writer can say, that a careful regard for them added to gynecological treatment has made the practice of gynecology comparatively an easy matter, and that he has seen almost numberless illustrations of failures to treat patients successfully by ignoring the proper use of much needed medicines. No attempt whatever will be made to exhaust this topic. The barest epitome is all that can be expected. It is desired to deal with the symptoms and conditions continually seen in gynecological patients—symptoms and conditions which are perhaps not of gynecological origin, but which are almost inseparable from such patients. The writer is perfectly aware that it is incongruous to present a paper that is not devoted to the consideration of some purely gynecological topic, but he expects to be excused from stepping aside from gynecology somewhat because it is well nigh impossible to draw the therapeutic line rigidly between this specialty and general medicine in the vast majority of gynecological patients.

The writer has been in doubt as to a suitable title for this paper

By the one used is meant that part of the subject which deals with internal medicine in addition to purely gynecological work.

The most natural order of consideration of topics for medical gynecology is the topographical one, passing from above downward, which begins with the brain and spinal cord. It is perhaps proper to state that very many symptoms herein to be considered are by no means purely and exclusively gynecological; they are the symptoms found very commonly in gynecological patients, very many of them doubtless being reflexes from functional derangements arising possibly from the original gynecological malady. To illustrate, we find time and again frontal cephalalgia to be a reflex from gastric dyspepsia produced by a constipation that results from the physical quietude enforced by an acute metritis. No one will contend that the metritis produces that form of cephalalgia directly, yet without the metritis the intervening links in the pathological chain would not have existed and the headache would not have tormented the patient.

THE NERVOUS SYSTEM.—The commonest symptoms that the gynecologist meets in the nervous systems of his patients, are nervousness, headaches, and backaches. It will be seen that no mention is here made of the many and highly refined neuroses, as no attempt is made to present anything at all of an extensive treatise on the topic. The foregoing symptoms mentioned herein will comprise all that this article desires to include.

Concerning nervousness, it must be said that, if it be regarded as arising from an imperfect capillary circulation in some part of the nervous centres, notably in the spinal cord, and that it is very often associated with deficient excretion from the skin, kidneys, or bowels, and with defective cardiac action, we shall be able to treat the great majority of cases satisfactorily. A sudorific will make many nervous patients less nervous. A diuretic properly selected is often of the greatest advantage. That protean monster, constipation, can derange more lives with nervousness than any other one pathological condition that can be named. Its treatment will be considered later on. The share in producing this symptom attributable to a weak heart is much greater than is generally accorded to it. A weak heart means lessened arterial pressure, over-distended capillaries and turgid veins, a vascular condition found with astonishing frequency in the brains and cords of nervous women. Therapeutic agents will abundantly confirm this fact. Strophanthus, digitalis, strychnine, and heat all tend to stimulate such hearts. No better remedy can be suggested than the protracted sponging of the spine with water as hot as can be borne, in cases of nervousness associated with insomnia. Heat thus applied reflexly empties the crowded vascular areas in the cerebral and spinal centres and increases the cardiac tonicity, for hours at a stretch. Alcohol at bedtime for a few nights

can be used to great advantage because it produces an improved circulatory condition, brings needed sleep which in turn strengthens every function, and again rebuilds the strength of the heart-centre in the medulla, thus securing the removal of the cardiac debility.

Cold water, drunk in quantities in the evening, will dissolve and flush out blood impurities, which, producing cerebral irritation by their frictional contact in their passage through the capillaries, thus causing insomnia and nervousness, now find their way out of the body through the kidneys.

In considering headaches, organic cerebral or cranial perversions will not be included, functional headaches only will be taken up. Where we have one cephalalgia dependent on organic cerebral conditions we have hundreds that are functional or reflex, consequently the latter only will fall within the scope of this paper.

It is a wonderful aid to consider the region of the head that aches. Accordingly we find occipital headaches, coronal headaches, temporal headaches, frontal headaches, and general headaches. In the majority of these varieties, it will be found that cause and effect are so simply manifested that their investigation and treatment often bring the greatest satisfaction. Many patients have only one variety of cephalalgia, a few have two varieties, and occasionally a patient will be found who has three distinct and separate varieties, each one as easily recognizable as a floating kidney and a prolapsed ovary can be detected in the same patient.

Without going into tedious detail, it will be well to state, somewhat dogmatically, perhaps, the causes of the varieties of headache, knowing that each practitioner's knowledge of therapeutics will furnish the necessary remedy. The enumeration of these causes is suggestive rather than exhaustive.

With occipital headaches we may always question the heart, kidneys, and bowels. A weak heart will permit venous congestion at the base of the brain, which can produce a persistent sickening pain in that region. A patient, a victim of this form of suffering for years, aggravated at times to an extent beyond endurance so that the nearest physician was often called in to etherize her for relief, once called my attention to her blue finger-nails and blue lips when under the influence of phenacetin given for her suffering. Recognizing the presence of the well-known effect of this drug in producing cardiac depression, digitalis was prescribed with the surprising effect of at once relieving her headache. Ever since then the same drug has been administered in similar attacks always with complete relief. For years she has been told that her retroverted uterus with its deep cervical laceration caused her cephalalgia. Many cases similar to hers have been treated with cardiac tonics with as marked relief.

Renal insufficiency is often accompanied by occipital suffering. This condition will be considered later on. The possibility of its presence necessitates an extended analysis of the urine. When found, it calls for a stimulating diuretic.

Bowel derangement, as costiveness, constipation, loaded colon, chronic diarrhoea, or intestinal dyspepsia, is perhaps the commonest cause of occipital headaches. When found, often dependent on a gynecological disorder, the gynecologist must treat a simple medical case with common remedies, or he will fail to relieve his patient. To suggest remedies for costiveness and constipation to practising physicians sounds very elementary, but the fact that said physicians are very often defeated in relieving this condition permanently, perhaps warrants a few words hereupon. Where a sufficiency of well-recognized rectal or anal irritation exists to produce an unusual amount of sphincteric activity, daily laxatives can be administered fruitlessly for a century. It is surprising to see how almost uniformly a failure to cure a constipation with the patient administration of daily laxatives is associated with such an irritation. It is needless to insist that its removal is a *sine qua non* to the successful treatment by remedies. Cascara sagrada administered daily for six to twelve months will relieve a large percentage of cases of constipation. It is accompanied by fewer drawbacks in its prolonged use than any other remedy that can be mentioned. Patients with plethoric habit are very satisfactorily treated with a morning dose of the salines. One of the most eligible preparations is the granular effervescing Hunyadi salt, followed by a glass of hot water, taken upon arising in the morning. The compound glycyrrhiza powder and the compound piperine pill are also excellent remedies. Massage and electricity occasionally answer but they are too often inapplicable.

One point to be borne in mind is, that the *prolonged daily use* of a laxative remedy is the *surest to bring desired results*.

The loaded colon exists much oftener than is supposed. One would naturally think that it would be found in constipated people only, and not in those who have daily bowel movements. Observation shows that it exists very often in people who have daily bowel movements, as well as in those who are constipated. A colon that contains feces in large quantities impacted in its loculi, can produce reflex symptoms in the nervous system all the way from nervous irritability up to insanity. Loculi thus embarrassed with impacted feces, for months at a time, can take on a condition of irritability and ultimate reflex possibilities that lead to astonishing diagnosis.

A patient recently came under observation, who had been under gynecological treatment for the past five years. She passed the menopause four years before. She had been treated without relief for uterine malposition, for metritis, for ovaritis, for salpingitis, and for how many other

inflammations no one knows. She suffered from more or less constant pain from her right iliac region to the right shoulder. Starting from the pelvis the pain had been regarded as surely gynecological. Examination revealed the fact that the ascending and transverse portions of the colon were greatly impacted with feces. The utmost tenderness was elicited upon bimanual palpation, so that a thorough examination was very difficult. Examination of the pelvis was entirely negative beyond an abundant leucorrhœa. The experienced gynecologist would not have made the mistake of calling this patient a gynecological patient. This case is entirely in the line of the argument in favor of medical gynecology and the thorough examination demanded to determine what is best for patients. Suffice it to say, that the unloading of the colon was immediately followed by the relief from the symptoms complained of. The patient had daily bowel movements, and always had had, and it was difficult to convince her that it was not womb trouble that she had until she saw the enormous quantities of black, ancient, and offensive feces, that she had been so carefully carrying around. The abundant leucorrhœa entirely disappeared within a month after unloading the colon. I do not know how to account for its presence, except upon the hypothesis that the uterine and vaginal mucous membranes were attempting, vicariously, to play the part of bowel in active excretory efforts. Detecting a loaded colon is a very easy matter, excepting in very obese patients. With the fingers of one hand placed in the hypochondric region, and the fingers of the other hand pressed deeply in the loins, between the floating ribs and the ilium, one can push the loaded colon forward toward the anterior abdominal wall, where it can be at once detected. Daily bowel movements in such patients can be easily accounted for by the fact that such movements pass down through the accumulation of feces impacted in the loculi. The best means to relieve a loaded bowel are colonic flushings administered with the patient in the genu-pectoral position. The patient placed thus with the shoulders much lower than the nates, can be made to receive anywhere from two to six pints of water. The water should always be as hot as can be borne. If it is used tepid or cool, it may cause the most violent tormina. Used hot it almost never produces it. After the colon has been filled the bowels should be thoroughly kneaded until, by pressure, the loculi are distended, when their contents will drop out into the volume of water. As a rule, it is safe to advise daily colonic flushings until no more dark-colored feces come away. I have seen the worst-looking and most offensive discharges pass away on the twelfth or fifteenth day of the daily use of flushings that I have ever encountered. After yellow feces are daily produced the flushings can be given twice a week. After administering them at least a month, strychnine in some form should be given in as large doses as can be borne. The improve-

ment of patients with colonic flushings is immediate. We do not have to wait for a month or even a week to see this improvement. Two symptoms, without abdominal examination, are always suggestive of a possible colonic impaction, and when present they always lead to examination; and they are the presence of chloasmic spots, and the voiding, habitually, of very dark or black feces. No attempt at an explanation of the reason for the appearance of chloasmic spots in such patients is made beyond the suggestion that they may arise from the efforts of the skin to excrete fecal material absorbed by the bowel from its impactions. Why patients with loaded colons should pass black or very dark feces I cannot explain. The clinical fact is all that is offered.

No reference is here made to the extremely common form of occipital headache arising from a lacerated perineum. In such lacerations the veins of the pelvis become distended because of their loss of support in the torn pelvic fascia, thus permitting enormous quantities of venous blood to accumulate in the pelvis. In this way within the pelvis is produced reflexly, through the intricate mechanism of the spinal cord and medulla, the often found occipital headache. I do not speak particularly of this form of headache, for the reason that it is a well-known gynecological symptom.

Chronic diarrhœa is best treated by antiseptic measures, the diarrhœa resulting in most cases from fermentations. Accordingly corrosive sublimate, salol, or salicin will relieve the majority of cases of chronic diarrhœa.

Intestinal indigestion must be met and relieved by remedies before gynecological patients afflicted therewith can be relieved. Fermentation is found at the basis of this disorder, and with this pathological idea in view, the anti-fermentative remedies will suggest themselves.

The next form of headaches to which attention is directed is the coronal variety. There are two kinds of this disorder; those caused by the condition of the stomach and those arising from the condition of the pelvic organs. Accordingly, when we have a distinctively coronal headache, the treatment of the stomach and the pelvis should at once be considered. It will be found that the stomach produces this form of headache a great many more times than the pelvic disorder.

The temporal headache can be produced by almost any organ upon the side of the body where the cephalalgia exists. The throat and nasal canal produce this form of headache; also, the teeth and ear, but most frequently the eye. Outside of this we can go occasionally to the organs of the body below the head for the cause.

Frontal headaches arise from the stomach, from eye-strain, from coryza, and from gravedo. When we have determined which of these produces the headache, its cure can be easily suggested.

General headaches depend commonly upon general causes. In this

way we oftentimes find rheumatic headaches, gouty headaches, neuralgic headaches, and syphilitic headaches.

The rheumatic headache is easily distinguished by exacerbation upon the falling of the barometer.

The gouty headaches are recognized by the accompaniment of uric acid in great quantities.

The neuralgic headache is indicated by the presence of hyperæsthesia.

The distinguishing characteristic of syphilitic headache is its nocturnal visitation. When we have determined the cause of the general headache, the remedies necessary to cure it will be easily forthcoming. It is well to add in passing that we will oftentimes be astonished at the improvement, under the diathetic treatment, of other symptoms complained of by the patient, which symptoms we had, perhaps, been led to believe were of gynecological origin.

The next symptom offered by the nervous system to which attention is directed is the backache. Nearly all gynecological patients complain of backache, but the merest tyro soon learns that there are backaches and backaches. A great many backaches exist which are not gynecological, and it is very desirable to distinguish them, and treat them successfully. We will be aided greatly in the study of backaches if we take them up regionally. We will thus find that we have the dorsal backache, the lumbar backache, and the sacral backache. It may be said, in a general way, that *all backaches are produced by organs anatomically, not topographically, in front of the seat of the pain*. Bearing this fact in mind enables us to unravel a backache that has resisted all former treatment.

The dorsal backache, in the great majority of cases, has the stomach or liver for its cause. The particular variety of stomach trouble most commonly found as a cause of this form of backache is the fermentative dyspepsia, which invariably produces, sooner or later, dilated stomach. The physical symptoms of dilatation of this organ are well known. In organic diseases of the stomach, as gastric ulcer or malignant disease, the symptoms need scarcely any consideration here. The form of trouble met with in the liver which produces this form of backache is congestion. With the knowledge of these two causes before us, the treatment of dorsal backache becomes, in the majority of instances, a very easy matter. On the same plane with the dorsal region are the pleura, lungs, the insertions of the diaphragm, the spleen, and the pancreas. But it is so seldom that diseases of these organs demand our attention that they will not be considered here.

Lumbar backaches, in the majority of instances, depend upon the bowels and the kidneys. Where a protracted constipation exists, its removal will almost always cure this form of rachialgia. It is only occasionally that it is necessary to consider the kidneys as a cause of

lumbar backache. Now and then we will meet with a more or less persistent pain at the juncture of the lumbar and sacral regions, which is uniformly attributable to malposition of the uterus.

The sacral backaches almost always find their cause in the pelvic organs, and for their relief we will have to consider the uterus, tubes, and ovaries. Oftentimes the rectum will have to be taken into consideration. The persistent gnawing pain at the extreme lower end of the sacrum is usually explained by disorders of the anus. No reference is here made to coccygodynia.

The backaches found in cases of neurasthenia may be considered as a disorder, to a greater or less extent, of the central nervous system. There is a form of backache that is invariably muscular, which depends upon the rheumatic or gouty poison for its cause. Its exacerbations in changes of the weather indicate its origin. Anti-lithic and anti-rheumatic remedies and plasters will relieve it.

THE RESPIRATORY SYSTEM.—The next general division of the human system is the respiratory organs. The first things that attract our attention are the nasal tract and the pharynx. I think that it may be laid down as a general fact that chronic rhinitis and chronic pharyngitis are caused reflexly by imperfect alimentary excretion. I fail yet to find a man or woman, the victim of chronic rhinitis, who has not had in the past intestinal disorder. This fact is mentioned simply for the purpose of calling attention to the possible reflex relations existing between these points. We want no better evidence of this relation than the fact that brisk purgation relieves acute attacks of congestion of the nose and throat. Consequently, it is easy for us to conclude that the patient with gynecological trouble sufficient to demand treatment ought, as a victim of chronic pharyngitis or rhinitis caused by constipation, to receive medical attention before we can hope to cure her.

Passing on further down the respiratory tract, we find that patients suffering from pulmonary troubles, in the way of repeated attacks of bronchitis, pneumonia, or pleurisy, are the subjects of diathetic tendency sufficiently strong to most urgently demand attention medically. Patients inclined to bronchitis challenge our attention to the gouty and rheumatic diathesis.

"Winter coughs," so often seen in gynecological patients are more often relieved by lithium, potassium, and the alkaline diuretics than by any other class of remedies. Renal insufficiency is surprisingly often connected with them.

THE CIRCULATORY SYSTEM.—Passing on to another division of the human system, we come to the circulatory apparatus. It is needless to advert to the fact that the integrity of the human heart is greatly impaired by prolonged lying in bed. The weakness of a weak heart is of the greatest possible consequence—demanding iron, digitalis, nux

vomica, and other tonics for the anæmia which we encounter, and which aggravates all the nervous symptoms. Very many times we know that patients, sick enough to receive special treatment, will have many of the alleged reflex symptoms from the pelvic organs relieved by hæmatic remedies. The condition of the cold extremities indicates a weak heart. The anæmic condition often indicates excremental poisoning. It is scarcely necessary to mention the value of iron, digitalis, strychnine, quinine, and the hypophosphites in patients with weak hearts.

THE DIGESTIVE SYSTEM.—The next division of the human body to which our attention is directed is the alimentary tract. This leads us to take into consideration gastric, intestinal, and hepatic disorders. The well-known tendency of our patients, subjected to inactivity, is to take on hepatic disorders, or perhaps disorders of the portal circulation. It is needless to mention that a certain amount of daily exercise is necessary to human beings to preserve the integrity of their digestive organs. The common links of the chain of disorders in these patients are constipation—the filling up of the portal circulation with excretive matter—and the perversion of the secretions and excretions of the intestines, which mean gastric and intestinal dyspepsia. It is a well-known fact that the liver secretes from two to five pints of bile every twenty-four hours. We all know that in a condition of health there is never passed off from the bowel any such quantity. This large quantity of hepatic secretions is reabsorbed, resecreted, and reëxcreted, passing around through the portal circulation no one knows how many times. In all cases of constipation there are absorbed certain amounts of excrement, and we thus have quantities of filth continually circulating through the liver, which must lead to functional disorder. This disorder manifests itself in the imperfect functioning of the stomach and intestines. We have thus the beginning of dyspepsia. Nature indicates to us in many cases a relief for this condition in permitting these patients to have an occasional diarrhœa. Consequently, we will find that the beginning of all treatment for the cure of the majority of alimentary disorders, in gynecological patients, should be the daily laxative.

I suppose it is a fact beyond dispute that the majority of cases of dyspepsia present the phenomenon of fermentation. Where stomachs are dilated much, indicating impaired propulsion, gas is eructated and acidity presents itself. The best initial treatment is gastric lavation. I know of nothing so simple as the washing out of the human stomach. It is only now and then that we meet a patient who cannot tolerate it. Such a patient will permit the passage of the tube into the stomach a couple of hours after having taken a dose of bromide. I am in the habit of teaching the most delicate and sensitive patients to wash out their own stomachs. They do it very easily and simply, and all that is

necessary is to have some one pour the water into the tube for them. Some patients are so terrified at the use of the stomach-tube that they threaten to never consent to its use. When they get over the dread of its use, after a few times they insist upon introducing the tube themselves. Such patients will have no difficulty in performing gastric lavation upon themselves. I have some patients who have kept up the use, once or twice a week, for months consecutively, after experiencing the limitless advantage which it procures. It is best to use the water as hot as it can be borne. At first oftentimes it will be impossible to syphon out the stomach, because of the large quantities of mucus which will block up the tube. All that can be done is to fill the stomach with hot water until vomiting occurs, or to remove the tube to provoke vomiting by titillation of the fauces. Occasionally it will be found necessary to use some prompt emetic, as a teaspoonful each of mustard and of salt in a glass of hot water. In very many cases the first washings will bring away an astonishing mass of mucus. In such instances it is best to wash out the stomach daily, until it seems comparatively free from mucus. Afterward the lavations can be used twice a week. It is best to use them in the morning when the stomach is empty. In cases of acid dyspepsia we can use the bicarbonate of soda, one drachm to the quart. In putrid dyspepsia the best remedy is the permanganate of potassium. When there are vegetable parasites phenic acid is a suitable remedy. Boric acid is an excellent disinfectant. Tincture of myrrh can be used in the atonic dyspepsia. After the daily lavation fails to bring away any evidences of stomach fermentation, it is well to keep up its use once or twice a week for several weeks, during which time the use of anti-fermentative remedies, as salol, salicylate of bismuth, corrosive sublimate, or sulphocarbolate of zinc, together with artificial digestants, as pepsine, lacto-pepsine, papoid, and *especially* ingluvin, will hold out the best promise of permanent cure.

Time will not permit me here to speak of the use of electricity applied through the gastric electrode to the stomach-wall, the application of which has the effect of contracting the stomach, just as the scrotum can be contracted, thus relieving the condition of impaired propulsion.

One of the most common of gynecological patients that we meet with, is the vast class presenting constipation, dyspepsia, and anæmia. In these patients the use of the daily laxative, with pepsin or its congeners and the bitter tonics, will be found of the greatest possible advantage. It may be laid down as a simple clinical fact that patients who pass dark feces are patients who need daily laxatives. Patients who have now and then a diarrhœa for a day or two are always in need of a daily laxative. Patients who possess chloasmic spots are patients who are generally the victims of fecal anæmia the result of fecal impaction, and are always benefited by colonic flushings and the daily laxa-

tive. It is wise to persist in the use of daily flushings until the dark feces give way to the yellow-colored feces. It is well to bear in mind that patients taking iron or bismuth will void dark feces; but when the feces are habitually dark, it is always best to resort to the flushings and the daily laxative.

THE RENAL SYSTEM.—The next division of the human organism is the renal system. Two things in disorders of the kidneys are worthy of the attention of the gynecologist. One is the presence of a superabundance of lithic, now commonly called uric, acid. The persistent presence of too much uric acid in the system leads to grave functional disorders of the nervous system, joints, and the mucous membranes. Lithæmic patients, predisposed to gastric disorders, very easily take on gastro-duodenitis in all its phases, from simple gastric disorder to the most intractable gastric irritation, constituting the most persistent dyspepsia we have to deal with. The presence of gastro-duodenitis is most easily indicated by pressure toward the body of the vertebræ at the junction of the middle and lowest third of the space, in a straight line between the umbilicus and the ensiform cartilage. If this pressure produces pain and nausea, the presence of gastro-duodenitis is inferred. The tendency of lithæmic patients to neuralgia is well known. We find more cases of renal colic in this disorder than in any other urinary trouble. The citrate of potassium in as large doses as the stomach will bear produces very satisfactory results. Many patients can take as much as a drachm four times a day. It is best administered in some carbonated preparation, as the effervescing Vichy salts. The better, but more costly, remedy is the granular effervescing salts of lithium. It is less obnoxious to the stomach, and will dissolve a larger percentage of uric acid, than citrate of potassium. It increases the amount of urine. It does not possess the depressing effects on the heart, of the citrate of potassium. It is always advantageous to administer at the same time small doses of mercury daily for some days or weeks. The triturate tablets, containing $\frac{1}{10}$ grain of calomel, are an eligible preparation of mercury.

Another form of renal disorder, and perhaps the less appreciated in its importance, is *renal insufficiency*, about which much has been written in the past five or six years. The average human adult passes anywhere from five to eleven hundred grains of urinary solids every twenty-four hours. Patients who pass habitually a greatly diminished quantity of urinary solids daily, say, for example, 30 to 50 per cent., are patients who are suffering from veritable uræmic poisoning. It is simply astonishing to see how common renal insufficiency is in most gynecological cases. When patients are passing only about 400 grains of urinary solids a day we will find them presenting various degrees of nervous irritability. When the amount is lessened, say to about 300 grains per

day, we find this nervous irritability manifested in various urgent ways. When the solids are diminished still further, say to 200 grains per day, we find the invasion of the nervous system so grave as to demand our most solicitous attention. And with the amount still further diminished, say to 100 grains per day, we will find our patients dangerously near to the verge of uræmic convulsions or coma, the condition which we often find in the last stages of gestation.

I never consider a gynecological patient thoroughly examined unless I estimate the amount of urinary solids that she voids daily. I think the determining of the possible presence of renal insufficiency is oftentimes of more importance than that of metritis or of menstrual derangement, for the simple reason that many pelvic derangements run back in this causation, or at least in their perpetuation, to renal insufficiency.

It is a very easy matter to calculate the amount of solids passed daily. The simplest formula is to multiply the last two figures of the specific gravity of the voided urine by the number of ounces of urine passed in twenty-four hours and that product by $1\frac{1}{10}$. We can thus calculate the number of grains of urinary solids passed in twenty-four hours. Women will weigh anywhere from 90 to 180 pounds, and they will pass from 500 to 1100 grains of urinary solids per day. A woman falling below 20 per cent. of what she ought to pass of urinary solids may be said to be suffering from renal insufficiency. In gynecological work the patients suffering from renal insufficiency are wonderfully benefited by the stimulating diuretics. I have learned to connect, in many cases, amenorrhœa in girls and young women with renal insufficiency. I have seen cases in which the use of stimulating diuretics were the only remedies used to relieve this form of amenorrhœa. One patient may serve as an illustration of this class. An unmarried woman of twenty, who had menstruated five times the previous year, presented the condition of renal insufficiency, with a diminished amount of about 50 per cent. of urinary solids. She suffered also from impacted colon. Colonic flushings were repeated several times, and the stimulating diuretic in the course of thirty days increased her urinary solids to 1300 grains. She ought to have passed 900 grains normally; she was passing only 428 when I first saw her. The diuretic was continued for a period of three months. She menstruated regularly for the next nine months, when the renal insufficiency supervened again and the lapsed menstruation again came on. For the last three years she has been able to watch the condition of the kidneys, and when she has increased the amount of urinary solids her menses have appeared with great regularity.

It is a well-known fact that the kidneys, ovaries, and tubes spring from the same source embryologically. It is also a well-known fact that patients who suffer from organic disease of the kidneys suffer from irregular menstruation. The article on the relation between the kidney

and menstruation is yet to be written. The remedies best suited to the treatment of this disorder are few, comparatively. The foremost remedy that I know of is the old-fashioned combination of digitalis and acetate of potassium. The salts of lithia are also extremely useful.

In the foregoing examination of subjects for the consideration of gynecologists, one can but be impressed with the paucity of suggestions. I have been impelled to the consideration of this subject by the fact that so little attention is paid to the subject of general medical treatment of this class of patients. It is a lamentable fact that so many young physicians, upon graduating, are too much inclined to drift into specialties; and the gynecologist who is unable to get outside of the pelvis in the consideration of the disorders of women is greatly to be pitied.

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